



# STATE OF IOWA

CHESTER J. CULVER, GOVERNOR  
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DEPARTMENT OF HUMAN SERVICES  
CHARLES J. KROGMEIER, DIRECTOR

## INFORMATIONAL LETTER NO. 889

**TO:** Iowa Medicaid Physician, Dentist, Advanced Registered Nurse Practitioner, Therapeutically Certified Optometrist, Podiatrist, Pharmacy, Home Health Agency, Rural Health Clinic, Clinic, Nursing Facilities, Community Mental Health Center, Residential Care Facility, ICF MR State and Community Based ICF/MR Providers  
**FROM:** Iowa Department of Human Services, Iowa Medicaid Enterprise  
**DATE:** February 25, 2010  
**SUBJECT:** Iowa Medicaid Pharmacy Program Changes  
**EFFECTIVE:** April 5, 2010

**1. New Drug Prior Authorization Criteria-** See prior authorization criteria posted at [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the Prior Authorization Criteria tab.

- **Concurrent IM/PO Antipsychotic Use:** A prior authorization is required for concurrent long acting injectable and oral antipsychotic medications of the same chemical entity after 12 weeks (84 days) of concomitant treatment. Consideration of concomitant therapy beyond 12 weeks (84 days) will require documentation of medical necessity. Prior authorization is required for all non-preferred antipsychotics as indicated on the Iowa Medicaid Preferred Drug List beginning the first day of therapy. Payment for non-preferred antipsychotics will be considered only for cases in which there is documentation of previous trials and therapy failures with a preferred agent. *Use Concurrent IM/PO Antipsychotic Utilization PA Form.*
- **Dipeptidyl Peptidase-4 (DPP-4) Inhibitors:** Prior authorization is required for dipeptidyl peptidase-4 (DPP-4) inhibitors and DPP-4 Inhibitor Combinations. Payment will be considered under the following conditions: 1) A diagnosis of Type 2 Diabetes Mellitus 2) Patient is 18 years of age or older 3) The patient has not achieved HbA1C goals using a combination of two or more antidiabetic medications (metformin, sulfonylurea, thiazolidinedione, or insulin) at maximum tolerated doses unless otherwise contraindicated. *Use DPP-4 PA Form.*
- **Lidocaine Patch (Lidoderm®):** Prior authorization is required for topical lidocaine patches (Lidoderm®). Payment will be considered for a diagnosis of pain associated with post-herpetic neuralgia following a previous treatment failure with a preferred agent at therapeutic dose from one of the following: tricyclic antidepressant, opioid, or gabapentin. A maximum of 30 patches may be dispensed with the initial prescription to determine efficacy. *Use Lidocaine Patch (Lidoderm®) PA Form.*
- **Short Acting Narcotics:** Prior authorization is required for all non-preferred short acting narcotics. Payment will be considered for cases in which there is documentation of previous trial(s) and therapy failures with three (3) chemically distinct preferred short acting narcotics (based on narcotic ingredient only) at therapeutic doses, unless evidence is provided that use of these products would be medically contraindicated. *Use Short Acting Narcotics PA Form.*

**2. Changes to Existing Prior Authorization Criteria-** *Changes are italicized.* See complete prior authorization criteria posted at [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the Prior Authorization Criteria tab.

- **Biologicals for Ankylosing Spondylitis:** *Payment will be considered following inadequate responses to two preferred non-steroidal anti-inflammatories (NSAIDs) at maximum therapeutic doses unless there are documented adverse responses or contraindications to NSAID use. Trials should be at least three months in duration. Patients with symptoms of peripheral arthritis must also have failed a 30-day trial with at least one conventional disease modifying antirheumatic drug (DMARD), unless there is a documented adverse response or contraindication to DMARD use. DMARDs include the following: hydroxychloroquine, sulfasalazine, methotrexate, leflunomide, d-penicillamine, azathioprine, oral gold and/or intramuscular gold.*
- **Biologicals for Arthritis:** *Payment will be considered following an inadequate response to a preferred disease modifying antirheumatic drug such as hydroxychloroquine, sulfasalazine, methotrexate, leflunomide, or minocycline.*
- **Ergotamine Derivatives:** *Existing PA criteria is removed.*
- **Proton Pump Inhibitors:**

Symptomatic gastroesophageal reflux after documentation of previous trials and therapy failure with at least one histamine H2-receptor antagonist at full therapeutic doses as defined by the histamine H2-receptor antagonist prior authorization guidelines. Requests for PPIs exceeding one unit per day will be considered on a short term basis (up to 3 months) following a trial and therapy failure of the manufacturer recommended once daily dosing. *After the three month period, a retrial of the recommended once daily dosing will be required. A trial of the recommended once daily dosing will be required on an annual basis for those patients continuing to need doses beyond one unit per day.*

Prior authorization is not required for Prevacid SolTabs for children 8 years old or younger for the first 60 days of therapy. Prior authorization is required for Prevacid SolTabs for patients over 8 years of age beginning day one if therapy. Payment for Prevacid SoluTabs for patients over 8 years of age will be considered for those patients who cannot tolerate a solid oral dosage form.

- **Smoking Cessation Therapy (Replaces Current Varenicline PA Criteria):** *The addition of bupropion SR that is FDA approved for smoking cessation to this criteria. Requests for varenicline to be used in combination with bupropion SR that is FDA indicated for smoking cessation or nicotine replacement therapy will not be approved. PA Form renamed to Smoking Cessation Therapy-Oral.*

**3. POS Billing Issues:**

**a). ProDUR Quantity Limits:** The following quantity limit edits are effective *April 5, 2010*. A comprehensive list of all quantity limit edits appears on our website, [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the heading, "Quantity Limits".

Drug Product	Quantity	Days Supply
Avinza 45mg	30	30
Avinza 75mg	30	30
Lidoderm	90	30

**b). ProDUR Age Edits**

Nuvigil will only be payable for members 17 years of age and older per FDA approved labeling.

**c). Proper Billing of Synagis® and flu vaccines:** As a reminder, Synagis® 50mg Injection and all flu vaccine injections should be billed as 0.5ml.

4. **Coverage of H1N1 Vaccines:** As a reminder, all Iowa Medicaid patients should receive H1N1 immunizations free of charge at clinics sponsored by their local County Health Department. A flu vaccination site locator is available at the following website:  
[www.idph.state.ia.us/webmap/default.asp?map=h1n1\\_vaccine\\_sites](http://www.idph.state.ia.us/webmap/default.asp?map=h1n1_vaccine_sites)

Please contact the POS Helpdesk at phone (515) 256-4608 (local) or (877) 463-7671 with questions regarding coverage of H1N1 vaccines by Iowa Medicaid.

5. **Changes Regarding Remittance Advice, Payment, and Informational Letters:** Iowa Medicaid Enterprise (IME) will require electronic processes exclusively for the transmission of remittance advice statements, provider payments, and Informational Letters in the near future. Please be aware, July 1, 2010 forward, Informational Letters will only be available electronically. Providers may access Informational Letters at [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the Informational Letters tab. Providers can go to a local public library to access this information if internet access is not available to them. Please refer to Informational Letter No. 877 on the website under the Informational Letters tab for more information regarding this transition.
6. **Listserv:** A Listserv is now available to communicate the latest news regarding the Iowa Medicaid Pharmaceutical and Therapeutics (P&T) Committee meetings. Announcements from the Listserv will notify subscribers of postings to the [iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) website such as meeting agendas, drug monographs, informational letters, preferred drug lists, and reports. Please visit [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) under the Listserv tab to register for these notices.
7. **DUR Update:** The latest issue of the Drug Utilization Review (DUR) Digest is located at the Iowa DUR website, [www.iadur.org](http://www.iadur.org), under the "Newsletters" link.

We encourage providers to go to the website at [www.iowamedicaidpdl.com](http://www.iowamedicaidpdl.com) to view all recent changes to the PDL. If you have questions, please contact the Pharmacy Prior Authorization Helpdesk at 877-776-1567 or 515-256-4607 (local in Des Moines) or e-mail [info@iowamedicaidpdl.com](mailto:info@iowamedicaidpdl.com).